

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | |
|--|------------------------|------------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/550,531-Conf. #3131 |
| | Filing Date | July 12, 2006 |
| | First Named Inventor | George Telfer |
| | Art Unit | 3672 |
| | Examiner Name | Cathleen R. Hutchins |
| | Attorney Docket Number | 17172/030001 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 26722

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number: 26722

OR

Firm or
Individual Name

| | | | |
|-----------|-------|-----|--|
| Address | | | |
| City | | | |
| Country | State | Zip | |
| Telephone | Email | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|----------------|
| Signature |  | | |
| Name | Carter J. White, Patent Counsel | | |
| Date | May 12, 2006 | Telephone | (281) 561-1450 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.